MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						61						
2		(					62						
3							63						
4							64						
6							66						
6							66						
7		I					67						
8		I					68						
9							69						
10							60						
11	I						61						
12		I					62						
13		I					63						
14		I					64						
16		I					65						
16							66						
17							67						
18		I					68						
19		I					69						
20		I					70						
21		I					71						
22		I					72						
23		I					73						
24		I					74						
25		I					76						
26		I					76						
27							77						
28		I					78						
29							79						
30							80						
31							81					I	
32							82						
33							83						
34							84						
36							86						
36							66						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
46							96						
46							96						
47							97						
48							98						
49							99						
60							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL	30						TOTAL						